

RESILIENCE OF FOLK MEDICINE AMONG THE IGBOS OF SOUTHEAST NIGERIA

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Abstract

The purpose of this study is threefold. First is to account for the relevance and resilience of folk medicine among the Igbos of Southeast Nigeria. The second is to find out the level of preference of folk medicine in Igbo society, and thirdly to collate some medical folklores of the Igbo society. Among the Igbos of Southeast Nigeria, folk medicine as a cultural heritage remains one of the bedrock of prevailing health systems despite incursions of orthodox medicine and the effects of globalization, western education and acculturation with other social groups. This research paper employed the cross-sectional survey design. Quantitative and qualitative methods were combined for optimal results. A questionnaire containing eight close ended and two open ended items was administered on 210 randomly selected study participants (42 from each state). Data from participant observation involving the researcher and focus group discussions (FGD) with purposively selected male and female groups complemented quantitative data. The Statistical Package for Social Sciences (SPSS) was used for analysis while chi-square test statistics was used to test hypotheses. The findings showed that majority of the respondents accept that folk medicine is relevant (important) in promoting health and safety in the population. It was also found that folk medicine was well preferred by respondents, particularly those with low education. The obvious practical implication of the findings is that folk medicine must not be relegated to the background as is currently the practice in Nigeria. It was recommended that folk medicine be supported by government through adequate funding and research initiatives as well as training of traditional healers. There is also need for co-operation between practitioners of folk medicine and those of orthodox medicine for the greater benefit of society.

Keywords: Resilience, folk medicine, traditional healer, medical folklore, orthodox medicine

Introduction

The Igbos is one of Nigeria's three major ethnic groups. They are found in Nigeria's southeastern states of Abia, Anambra, Ebonyi, Imo, Enugu and parts of Delta and Rivers states. According to Ifemesia (1979:15), the Igbo country covers an area of over 15,800 miles. Nwala (1985:15) posits this area to be roughly circumscribed between 6^0 and $8\frac{1}{2}^0$ East longitudes and $4\frac{1}{2}^0$ and $7\frac{1}{2}^0$ North latitude.

Like other social groups in Nigeria and elsewhere, the Igbos has forms of folk medicine. Folk Medicine (also called indigenous or traditional medicine) refers to medical knowledge systems, which developed several centuries ago in any social group before the advent of modern medicine. It could also be viewed as those treatments not commonly believed within the framework of modern medical practice (Huff, 2008). For the World Health Organization (WHO, 2003), folk medicine involve health practices, approaches, knowledge and beliefs, incorporating plant, animal and mineral based medicine, spiritual therapies, manual techniques and exercises applied singularly or in combination to treat, diagnose and prevent illness or maintain wellbeing.

Among the Igbos of southeast Nigeria, folk medicine has had a long history. It constitutes part of their effort over the years, to cope with their environment and to lessen pain, treat injuries and illnesses of physical and mental nature. Their folk medicine clearly prescribe the care for the sick, who to provide the care and how he should proceed. Such information is provided by adults or may be gathered and applied by significant others with specific roles as traditional healers, bone setters, herbalists, traditional birth attendants etc.

A recent historical inquiry into folk medicine among the Igbos of southeast Nigeria reveal that the practice has passed through what Bever (1993) quoted in Nwankwo (2005) called 'excessively unhygienic and crude stage', and also the 'age of uncertainty (1840-1960)' when practitioners were called heathens, pagans and witches. In the present age of modernity (1960-to date), folk medicine not only co-exist with orthodox medicine in the Igbo society, but in addition, preference for folk medicine, particularly among the lower class is on the increase.

Many members of the Igbo society particularly use folk medicine in addressing folk illnesses in their domain. These are illnesses usually defined in relation to the prevailing belief system, whose etiologies are not recognized by western medical practice. Such illnesses have specific causative, diagnostic, preventive and healing practices which differ from how they may be viewed by western medical practitioners.

Traditional healers are the live wire of folk medicine in Igbo communities. They are persons recognized by the community in which they

live as competent to provide health care using vegetable, animal and mineral substances. Their methods are based on the social, cultural and religious backgrounds as well as knowledge, attitude and beliefs that are prevalent in the community regarding physical, mental and social wellbeing and the causation of disease and disability (WHO, 1978). Traditional healers are responsible for carrying out healing ceremonies, religious rituals and other rites intended to ensure the safety and health of Igbo communities. Erinosho (1998) categorized traditional healers in Nigeria into native healers and faith healers. According to him, the former have been a part of the Nigerian society from time immemorial while the latter only began to play a vital role in the healing art about the middle of the 19th century.

Among the Igbos, native or traditional healers are further distinguished in accordance with their areas of specialization. They have 'Dibia Afa' (diviner) and 'Dibia – Ogwu' (medicine man). The former is a diagnostician while the latter is the physician. They also have 'Dibia-mgborogwu na-nkpa akwukwo' (herbalist); 'Dibia-Okpukpu' (bone setter); 'Dibia-Ogbanje' (Paediatricist), traditional surgeons, traditional birth attendants etc.

Each folk medicine practitioner in Igbo society has treatment approaches which cut across medical herbs, massage, hot and cold foods or baths, prayers, dancing and even flogging as in cases of mental illness. Others are magic, diet, exercise, exorcism, proper social relations, and counseling etc. Some scholars have thus outlined the major forms of folk medicine among the Igbos to include incarnations, bone setting, divination, herbalism, psychiatry; surgery and traditional birth attendance etc. (see Nume 1978, Iwu 1981, Emefina 1991, Nwaogu 1997 etc).

Traditional healers in Igbo society gain legitimacy through factors similar to those outlined by Laguerre (1987). These are:-

- i. The subjective reality of the healer.
- ii. The objective reality based on previous successful cures.
- iii. The belief system of the community (locally and globally influenced).

Such acceptance or legitimacy positively propel traditional healers in the provision of diagnostic, curative, preventive, health promotion and rehabilitative services to the people. Thus they have withstood and remained very relevant in the health system despite increasing incursions of orthodox medicine into area and cultural systems that were previously their exclusive terrain.

Folk medicine in Igbo society explains causes of illness in terms of four categories outlined by Huff (2008). These are:

- (a) The patient world – habits, diet, smoking, drinking and general lifestyle etc.

- (b) The natural world – illnesses caused by micro-organisms, environmental factors, animal bites etc.
- (c) The social world – interpersonal conflicts, stresses of daily living etc.
- (d) Supernatural world – illnesses caused by spirits, ancestors or gods offended in course of daily living.

Remarkable successes of traditional healers in both the Igbo nation and in other developing nations are well documented by scholars (see Kafuru 1998, W.H.O 1996, WHO 1998, Nwankwo 2005 etc). Furthermore, it has been argued that a strong belief in folk treatment can yield a positive outcome even where scientific treatment is known not to work (Kafuru, 1988). Thus, the placebo effect plays part in the efficacy rating of folk medicine.

Furthermore, Ike (1990), observes that in rural Africa (inclusive of the Igbo nation), government emphasis on orthodox medicine which the people are yet to be fully familiar with is adversely affecting the success of primary health care programme. The World Health Organization (W.H.O, 2003) also emphasized that up to 80% of the population of Africa use folk medicine for primary health care. It stressed the need to harness the resources of traditional healers towards attainment of 'health for all' and the millennium development goals by the year 2015. The WHO also notes that the use of folk medicine is spreading in popularity in industrialized countries like America where about 158 million adults use complementary medicine (a field that incorporates traditional or folk medicine but is broader in scope).

An important vehicle for transmission of knowledge relevant to folk medicine among the Igbos is their medical folklore. These are statements, stories or oral traditions which carry or portray the folk medical knowledge, practices and beliefs of the group. Through these oral traditions, folk medical system is transmitted via unstructured situations from generation to generation. The exact content of medical folklore is however shaped and refined by the worldview, level of technology, education, acculturation and belief systems of the group etc.

Adults and significant others across age-categories are key custodians of the medical folklore of the Igbo group. Nonetheless three modes of transmission dominate the flow of folk medicine from one generation to the other. These are society and community, the family and the individual routes.

Purpose of the Study /Objectives

Three core objectives guided the study. These are:

- (a) To account for the relevance and resilience of folk medicine in Igbo society
- (b) To find out level of preference of folk medicine in Igbo society.

- (c) To collate some medical folk lore of the Igbo society.

Study Hypotheses

1. There is a significant relationship between level of educational attainment and preference of folk medicine among the Igbos of Southeast Nigeria..
2. There is a significant relationship between occupation and perception of the relevance or importance of folk medicine among the Igbos.

Design/Methodology and Theoretical Approach

The study employed the cross-sectional survey design. Quantitative and qualitative methods were combined for optimal results. A questionnaire containing eight close ended and two open ended items was administered on a total of 210 study participants who were randomly selected (42 from each state). However, only 204 respondents returned properly completed questionnaire. Data from participant observation involving the researcher and focus group discussions (FGD) with purposively selected male and female groups complemented quantitative data. The Statistical Package for Social Sciences (SPSS) was used for analysis while chi-square test statistics was used to test hypotheses.

The theory of cultural relativism which explains people's behaviour from the perspective of their own culture constitutes the theoretical approach of this paper. The theory does not evaluate or contrast such behaviour with alien cultural standard or measures (Scheafer and Lamm, 1997).

Cultural relativism stresses that different social contexts give rise to different norms, values, preferences and usages. Thus, the resilience of folk medicine and associated medical folklore in Igbo society mirror the cultural system of the Igbo group. Thus folk medicine constitutes a core part of the Igbo cultural system, hence its appeal to the people. Being part of an age long cultural system, the peoples' positive sentiments, commitments and preference when compared to their reactions towards orthodox medical packages could be understood.

In discussing cultural relativity as applicable to folk medicine, Laguerre (1987) argues that folk medicine has three major types of adherents. Those born and socialized in it who he contended would be permanent believers. The second group is temporal believers who turn to it in times of crisis. The third group according to him is those who only believe in specific aspects of folk medicine, not in all of it.

Findings

Distribution of respondents by gender shows that majority of them (51.2%) were males, while 48.8% were females. The mean age of

respondents was 36.12 years. With respect to marital status, most of the respondents (108 or 52.2%) were single. Other findings of the study are thematically presented below in relation to study objectives

Relevance and Preference of Folk Medicine among the Igbos of Nigeria

Table 1: Distribution of Respondents by their level of preference of folk medicine to other forms of treatment.

| Respondent | Frequency | Percentage |
|------------------|-----------|------------|
| Fairly preferred | 60 | 29.4 |
| Well preferred | 109 | 53.4 |
| Not preferred | 35 | 17.2 |
| Total | 204 | 100.0 |

Table 1 shows that 109 (53.4%) of the respondents well preferred folk medicine to orthodox medicine; 60 (29.4%) of them fairly preferred it, while 35 (17.2%) of them do not prefer folk medicine. Information from the qualitative data also agrees with data from the quantitative instrument. The qualitative data strongly posit that many members of the Igbo society accept and use folk medicine. One of the respondents said that “....*my entire family and many of my friends subscribe to folk medicine. It is efficacious. It is also more affordable than orthodox medicine.*”

Factors Relevant to Resilience of Folk Medicine in Igbo Society

From the study, it was found out that the following factors promote the continued patronage of folk medicine in Igbo society.

- i) Synchronization with the culture of the people – folklore in Igbo society is consistent with the culture of the people. Indeed, diverse folk medical traditions of the Igbo people are inseparable from the rest of their culture. To this end, they are likely to continue to subsist as long as other cultural elements subsist. The theory of cultural relativism strongly contend that justifications of folk medicine within a social group can only be explained by the people themselves as partakers in the cultural attribute.
- ii) Ease of Access – Folk medicine practitioners are easy to access at night and during the day. They live among the people.
- iii) Affordable services – Their services are relatively cheaper. They may also accept deterred payments or payments in kind or by barter system.
- iv) Shared system of beliefs exists between folk medicine practitioners and their patients. This facilitates understanding and co-operation during the treatment process. This rapport often extends and out lives the treatment duration.
- v) The traditional healer operates in a natural environment (usually his

- home) which is familiar to his client. In contrast, hospital environment are artificial set-ups that might negatively rouse the anxiety of patients.
- vi) Failure of western remedies to address some health problems makes romance, adherence and loyalty to folk medicine inevitable.
 - vii) Popularity of divine and demonic theories of disease causation. The understanding that certain disease are sequel to anger of the gods or are due to demonic attacks by enemies and evil forces alike, provide further attractions to folk medicine even in this age. Traditional healers are seen as capable to communicate with the spirit world, offer acceptable sacrifices to appease offended spirits and or cast out demons
 - viii) Successful treatment outcomes: One of their greatest assets is previous treatment outcomes. Some of their medicines are pharmacologically active and have offered relief to their clients.
 - ix) Relatively simple technology of folk medicine has been easy to maintain at various stages of development of the Igbo group thus promoting survival of this medical tradition.

Some Medical Folklore of the Igbo Group Collated during Research

The medical folklore of the Igbos are rich with prescriptions for sanitation, health remedies, and care options for children, pregnant women, the elderly and the injured or sick person. The under listed collection are threatened by western medicine, urbanization, western education, and acculturation. However, folk beliefs and folkways of diagnosis and treatment still linger

Some medical folklores of the Igbo society are listed below:-

- If a woman has whitlow, she should deep the affected finger into her vagina, the whitlow will heal.
- Application of egg yolk treats burns and prevents severe blisters from emerging.
- A stamerer should use metal gong for drinking water to correct his speech defect.
- To treat scorpion sting, the scorpion should be crushed and applied to sting site as antidote.
- A person with blurred vision should chew onions regularly for correction.
- Regular intake of “ogbono” soup and carrot boosts sexual urge and performance in males.
- Rheumatism is caused by bad blood. Its treatment is to make tiny cuts “itu ose” around affected areas and force bad blood to ooze out.

- Diarrohea could be controlled by chewing scent leaf or mashing it and drinking its water.
- Medicinal chalk 'nzu' treats boils when dissolved in water and applied severally.
- Palm kernel oil 'ude aku' treats convulsion in children if rubbed all over the child's body and applied even to his eyes and anus.
- To achieve sedation or reduce blood pressure, one should cook paw-paw leaf and drink its water.
- Mush bitter leaf and drink water there from to control diabetes.
- If one has difficulty in swallowing he should spit through the door opening to gain relief.
- A person with boil in his armpit should hold millipede under that armpit and hold it for a while. The boil will heal thereafter.
- If one has otitis media, he should fry millipede and introduce the oil gotten in the process into the ear on daily basis until it is clear.
- To treat measles, one should cook sand and bath with water used in cooking sand.
- Persistent yawning is either on account of hunger or sign of illness.
- Crossing over or jumping over a child in a lying or sitting position will make the child have stunted growth unless the individual reverses the move.
- Apply water squeezed from bitter leaf to cuts to stop bleeding.
- In events of over-dosage or adverse drug reactions, cocoanut water is a reliable antidote remedy.
- A pregnant woman should not eat grass cutter's meat to avoid prolonged labour. If she has taken it inadvertently, she should be allowed to chew bones of grass cutter during labour.
- Pregnant women should not eat bat meat. This is to avoid delivering very ugly baby.
- A person hit with bundle of broomsticks will grow skinny and develop mental illness except if the culprit promptly touches the tips of the broom to the ground to avert the situation.
- Follow-up sexual intercourse during pregnancy 'isokwa oku' is necessary to keep the woman's birth canals open and free for successful delivery.
- Sexual intercourse on sunny afternoons results in delivery of albinos.
- Pregnant women who take too much pepper will deliver babies that have bald head throughout life.
- Bitter kola seed if scattered all over the compound wards off snakes from the environment.

- A child who salivates excessively exposes the fact that the mother ate snail during pregnancy

Test of Study Hypotheses

The two hypotheses formulated for the study are tested below (see Tables 2 and 3).

Table 2: Relationship between Level of Educational Attainment and Preference of Folk Medicine among the Igbos of Southeast Nigeria.

| What is your highest educational attainment | What is your opinions is the cause of climate change | | | | Statistics |
|---|--|----------------|---------------|-------|--|
| | Fairly Preferred | Well Preferred | Not Preferred | Total | X ² (10, N=203)= 41.949 P>.000 |
| FSLC | 1 | 15 | 14 | 30 | |
| WAEC/NECO/SSCE | 19 | 51 | 13 | 83 | |
| NCE/OND | 9 | 9 | 3 | 21 | |
| B.SC/HND | 25 | 33 | 4 | 62 | |
| PH.D AND ABOVE | 4 | 1 | 0 | 5 | |
| OTHERS | 2 | 0 | 1 | 2 | |
| TOTAL | 60 | 109 | 35 | 204 | |

The computed value of chi-square is 41.949, while the table value of chi square at 0.05 level of significance with a degree of freedom (df) of 10 is 18.307. Since the computed chi square value is greater than the critical value, the researcher accepted the alternative hypothesis. It follows therefore that there is a significant relationship between level of educational attainment and preference of folk medicine among the Igbos of Southeast Nigeria.

Table 3: Relationship between Occupation and Perception of Relevance (importance) of folk medicine among the Igbos of Southeast Nigeriaia.

| What is your occupation | What is the relevance (importance) of climate folk medicine to the Igbos of Southeast Nigeria? | | | | | statistics |
|-------------------------|--|------------------------------------|---------------------------|-------------------------------|-------|---|
| | Promotes good health and safety | Causes Loss of life and ill-health | Has very minimal benefits | Has no benefits to the people | Total | X ² (10, N=204)=26.669 P<.085 |
| Civil servant | 58 | 6 | 4 | 0 | 68 | |
| Farmer | 14 | 0 | 0 | 0 | 14 | |
| Trader | 41 | 3 | 4 | 0 | 48 | |
| Student | 48 | 11 | 8 | 3 | 70 | |
| Applicant | 1 | 0 | 0 | 0 | 1 | |
| Lawyer | 0 | 0 | 1 | 0 | 1 | |
| Clergy | 2 | 20 | 0 | 0 | 2 | |
| Total | 162 | 40 | 17 | 0 | 204 | |

The computed value of chi square is 26.669 while the table value of chi square at 0.05 level of significant with a degree of freedom (df) of 18 is 28. 869. Since the computed chi square value is less than the table value, the researcher rejected the alternative hypothesis. It implies that there is no significant relationship between occupation and perception of relevance or importance of folk medicine among the Igbos. This further implies that all occupational groups have similar level of appreciation of folk medicine as useful to the people.

Practical Implications / Recommendations and Conclusion

The study has accounted for the importance and resilience of folk medicine in contemporary Igbo society. However, folk medicine exists side by side with modern medicine albeit un-harmoniously. There is need for co-operation and exchange of ideas between the two. Joint meetings, seminars and conferences on topical health issues should be organized where both practitioners meet and share experiences and enrich each other

The level of acceptance or preference of folk medicine amongst the Igbo group has obvious policy implications for health care delivery system in the area and Nigeria at large. It underscores the need for massive supports to folk medicine to enable the field improve for better services to the people. In this regard, efforts to strengthen primary health healthcare in Nigeria must recognize and extend profusely to folk medicine given its critical role at that level of health service as well as its acceptance, accessibility and affordability to the population.

Individuals should be free to either patronize folk or modern medicine. Government should fund both systems, encourage researches and train personnel of folk medicine in matters of personal and environmental hygiene etc.

Above all, general health workers should not limit their interest. They should be given orientation on benefits /uses of folk medicine to enable them accommodate different types of health beliefs and practices observable among social groups. Nonetheless, medical folklore that is grossly inconsistent with realities should be questioned, investigated and or discredited.

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